

## EFFECTIVE

October 1, 2022.

### Subject(s)

#### **FOM 802, Mental Health, Behavioral and Developmental Needs of Children Under the Supervision of MDHHS**

This policy includes temporary and permanent court wards.

*Reason:* Child Welfare Medical and Behavioral Health Program Office clarification.

### **Community Mental Health Services Program (CMHSP)**

#### ***Waiver for Children with Serious Emotional Disturbance (SEDW)***

- A \$50 daily rate is paid to foster parents and relative caregivers caring for a child in foster care on the SEDW unless they qualify for a higher rate if also providing treatment foster care or via the DOC IV process. The foster parent or relative caregiver should always be paid the higher rate if the option exists.
- No more than two children qualified for the waiver may reside in the same out-of-home placement unless the placement is being made to reunify siblings. If the caseworker is pursuing sibling reunification of three or more siblings who are qualified for the waiver in the same out-of-home placement, the caseworker must contact the SEDW lead in the CMHSP providing services to the children to determine if joint placement is in the children's best interest prior to making placement.
- See the [SEDW Job Aid](#) for further instructions.

*Reason:* Recommendation from the Child Welfare Medical and Behavioral Health Program Office.

#### ***Crisis Residential Services***

- Crisis residential services are intended to provide a short-term alternative to inpatient psychiatric services. Services may only

be used to avert an inpatient psychiatric admission or shorten then length of an inpatient stay.

- Services are for children determined by CMH to meet psychiatric inpatient admission criteria or are at risk for admission, but who can be appropriately served in a less intensive setting.

*Reason:* Recommendation from the Child Welfare Medical and Behavioral Health Program Office.

### ***Caseworker's Roles and Responsibilities when a Child is in a Crisis Residential or Psychiatric Hospital***

The caseworker's role and responsibility when a child is in a psychiatric hospital or in a crisis residential is:

- Daily contact with the hospital or crisis residential on workdays for the first 30 days. Information being exchanged should cover:
  - Treatment Progress.
  - Discharge planning, including any change in placement or complications to a successful discharge.
- Notification to the foster care Psychotropic Medication Oversight Unit (PMOU) if the child is prescribed psychotropic medication while hospitalized or in treatment at a crisis residential. The PMOU hotline number is 1-844-764-PMOU (7668).

*Reason:* Recommendation from the Child Welfare Medical and Behavioral Health Program Office.

### ***Infant Mental Health***

Detailed information on the social-emotional development of young children can be found at: [MI Kids Matter](#).

*Reason:* Recommendation from the Foster Care, Adoption, and Guardianship Program Office.

## **Psychological Testing Standards**

This is a new section that outlines the types of psychological testing and assessments, the purposes of testing and assessments, and the processes included during the assessment.

**MDHHS  
Contracted  
Behavioral Health  
Services**

*Reason:* Recommendation from the Child Welfare Medical and Behavioral Health Program Office.

***Psychological Evaluations***

The Marschak Interaction Method or other parent-child interaction technique may be conducted as part of a psychological or trauma assessment but are not reimbursable on their own.

*Reason:* Recommendation from the Child Welfare Medical and Behavioral Health Program Office.

***Comprehensive Trauma Assessment***

- The child must be participating in and not benefitting from current services to be eligible for a trauma assessment.
- See the [Comprehensive Trauma Assessment Job Aid](#) and [Children's Services Agency Trauma Protocol \(michigan.gov\)](#) for further instructions.

The child must meet the following eligibility criteria to be referred for a comprehensive trauma assessment:

- The child has a current open Michigan Department of Health and Human Services (MDHHS) foster care, child protective services (CPS), or MDHHS juvenile justice (JJ) case. The current open MDHHS foster care, CPS, or MDHHS JJ case must remain open until the comprehensive trauma assessment report is completed and sent to the caseworker, recommendations are reviewed with the family, plans for implementation, and the invoice is paid.

**Note:** CPS cases must be open as a category I or category II to be eligible for comprehensive trauma assessments. CPS investigations, category III, category IV, and category V cases are not eligible for comprehensive trauma assessments.

- The child must be aged 0-17.
  - Prior to referral any child less than three years of age must have been referred to all of the following:

- Medical professional/pediatrician.
- Early On.
- Community Mental Health (CMH) or infant/early childhood mental health treatment services.

**Note:** At least one of the professionals listed above must recommend a referral for a comprehensive trauma assessment. Documentation of the decision to refer, including applicable reports must be included with the MDHHS-5594, Trauma Assessment Referral/Invoice.

- Residential placement is being considered for the child because of disrupted community placements due to the child's behavior and/or functioning.
- The assessment is recommended by a mental health clinician or medical professional.
- The child is in a residential placement and continues to struggle with functioning and behaviors despite treatment.
- The child received an 11+ on the trauma screening checklist and is not benefitting from current services.

The established rate for the comprehensive trauma assessment is now \$2,343.33.

*Reason:* Recommendation from the Child Welfare Medical and Behavioral Health Program Office.

### ***Child Caring Institutions (CCI)***

- General Residential: A child presents risk at home, school, in the community, to self, others, and property. A child has exhibited a behavior(s) that has interfered with their ability to function adequately in a less restrictive setting, behaviors may include the following but are not limited to:
  - Aggressive episodes.
  - Stealing or petty theft.
  - Vandalism.
  - Inappropriate social interactions.
  - Reactions to past trauma.
- Mental Health and Behavioral Stabilization: A child currently experiencing or with a history of active unstable symptoms

which may include severely aggressive behavior toward self or others, psychotic symptoms such as, delusions, hallucinations, suicidal and homicidal ideations, or frequent severe emotional episodes.

- Youth with Problematic Sexual Behaviors: A youth displays problematic sexual behavior that impacted daily life functional areas, including relationships, school, family, or other domains to the extent continued services in the community do not provide sufficient support.
- Specialized Developmental Disability (SDD): A child whose level of developmental impairment warrants a significant sensory sensitive individualized treatment setting. SDD is designed for children diagnosed with autism spectrum disorder (ASD), or children with intellectual or developmental disabilities.
- Intensive Stabilization (IS): A child with significant behavior challenges who may be stepping down from a hospitalization program or experiencing repeated placement instability. The child may be experiencing or have history of active unstable symptoms such as, delusions, hallucinations, suicidal/homicidal ideations, or frequent severe emotional episodes.
- Human Trafficking Survivor (HTS): A child who has experienced significant trauma and behavioral challenges resulting from commercial sexual exploitation or sex trafficking.

*Reason:* Changes to the CCI contracts due to the Family First Prevention Services Act (FFPSA).

## Contracted Counseling Services

### ***Fair Market Counseling***

The child is placed in a group home and individual or group counseling is provided to residents of the home through a contracted provider.

*Reason:* Recommendation from the Child Welfare Medical and Behavioral Health Program Office.

***Referral Process for Contracted Counseling***

*Reason:* The CPS, foster care, or JJ case must be open at the time of referral. Contracted counseling services must end at the time of case closure.

*Reason:* Recommendation from the Child Welfare Medical and Behavioral Health Program Office.

**MANUAL  
MAINTENANCE  
INSTRUCTIONS**

**Changed Items ...**

[FOM 802](#)